

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036468

FILED VS. NOV. 1 0 1959

149

Primary Registration District No. *1002*

Registrar's No. *5113*

5113

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Norton									
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b <i>3 1/2</i>		c. CITY OR TOWN Almena		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 103 Graves		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last CLARA Annabel VOSS				4. DATE OF DEATH Month Day Year October 22 1959									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-4-1888		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Burchard, Neb.		12. CITIZEN OF WHAT COUNTRY U.S.					
13a. FATHER'S NAME D. S. Shewey				13b. MOTHER'S MAIDEN NAME Martha Alloway				14. NAME OF HUSBAND OR WIFE Peter					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Nellie Goss Noticatore, Kns. Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) uremia													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) chronic pyelonephritis		3 weeks	
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from 10-20-59 to 10-22-59 and last saw her ^{her} alive on 10-22-59 Death occurred at 2325 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) W. Thomas, Jr. M.D.				22b. ADDRESS 4706 Broadway, KC Mo				22c. DATE SIGNED 10-22-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-22-59		23c. NAME OF CEMETERY OR CREMATORY Noton Cem.		23d. LOCATION (City, town, or county) Norton, Kns.		(State)					
24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home ADDRESS Woodland-Linwood				25. DATE RECD. BY LOCAL REG. 10-23-59		26. REGISTRAR'S SIGNATURE New Minshall							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

8-2-58

Dr. C. G. Thomas
4706 Broadway

We 1-7367

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin Barton

Licensed Embalmer No. 4903

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license)
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.